SNP Approval Model of Care Training for CY 2025

MOC Elements 1 & 2

October 17, 2023

SNP Team

Hello and Welcome!

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Hello and Welcome!

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Agenda

- HOUSEKEEPING
- ORIGINS OF THE SNP MODEL OF CARE (MOC)
- OVERVIEW OF MOC ELEMENTS
- BIPARTISAN BUDGET ACT (BBA) OF 2018 PROVISIONS
- MOC ELEMENTS 1 & 2
- TRAINING INFORMATION & DETAILS
- POST-TRAINING SURVEY

Training Format

CY 2025

- Pre-recorded trainings allow for earlier posting of CY 2025 content.
- The first (MOC 1 and 2) and second (MOC 3 and 4) training recordings are now available.
- CMS and NCQA will offer two Technical Assistance (TA) calls to allow plans the opportunity to ask questions:
  - Call 1: November 28, 2023 (2-4:00pm ET)
  - Call 2: January 11, 2024 (2-4:00pm ET)
- Plans are encouraged to provide feedback on the CY 2025 recordings via a link to an online survey provided at the end of each slide deck.

NCQA SNP Approval Website

Access CY 2025 MOC Scoring Guidelines & Training Recordings

- NCQA SNP Approval Website is located at snpmoc.ncqa.org.
- CY 2025 MOC Scoring Guidelines are posted on this website.
- Training recordings are also posted on this website.

NCQA SNP Approval Website (Cont'd.)

Website Updates

- The SNP Approval Website (snpmoc.ncqa.org) has been updated.
- Scores from the last three review cycles (i.e., CY 2024, CY 2023, CY 2022) are now available.
- Scores are searchable by contract number and filterable by SNP Type (i.e., Chronic Condition, Dual-Eligible, Institutional).

Technical Assistance

Get in Touch!

For inquiries related to the MOC requirements or regulation questions, contact CMS at: https://dpap.lmi.org.

Enter “SNP MOC Inquiry” in the subject line.

Submit SNP application inquiries via the CMS SNP mailbox.

Type https://dmao.lmi.org, then select the SNP mailbox.

Enter “SNP Application Inquiry” in the subject line.

For training recordings and slides, please visit the NCQA SNP Approval Website at: snpmoc.ncqa.org/.

Special Symbols

Please Pay Careful Attention to These Items!

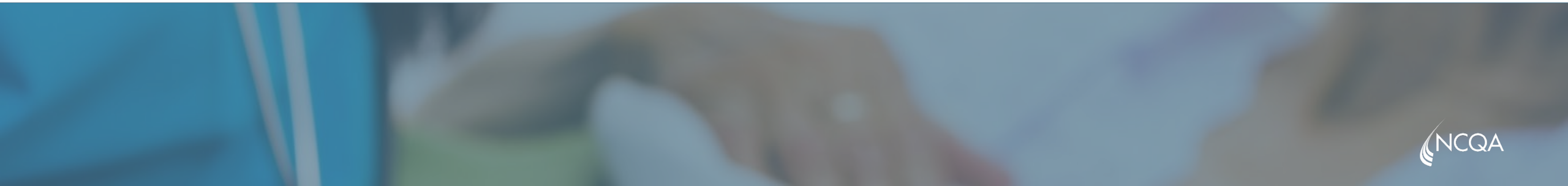
= Bipartisan Budget Act of 2018 (BBA 2018) Requirements

!

= Existing Guidance Emphasized for CY 2025

Model of Care (MOC)

Background & Key Reminders

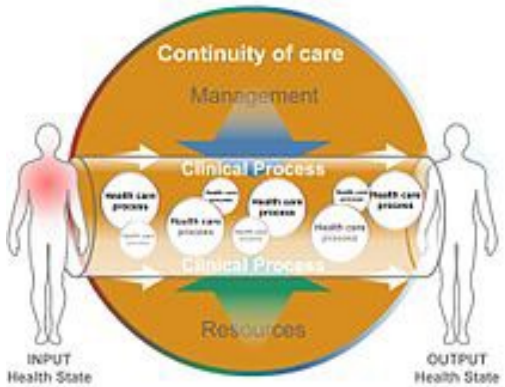


Model of Care (MOC) Review

Origins in the Affordable Care Act (ACA)

Compliance

Comply with statutory requirements of ACA



Defines Health Care Delivery

Ensure SNPs have a robust Model of Care

Approval Periods

Establish frequency for approval review cycle (1-3 years) for I & D-SNPs

C-SNPs reviewed annually

Model of Care Elements

High-Level Overview

MOC 1	MOC 2	MOC 3	MOC 4
Target Population	Care Coordination	Provider Network	Quality Measurement

Bipartisan Budget Act (BBA) of 2018

Overview

Impact of Notable Changes for Implementation:

- Interdisciplinary Care Teams (ICTs)
- Face-to-Face Encounters
- Initial Assessment & Annual Reassessment
- Fulfillment of Previous MOC's Goals
- Minimum Benchmark for Each Element

Scoring the MOC

Methodology Behind the Process

- MOC elements worth 0-4 points, based on # of factors met
- Total of 64 points (16 elements)
- Converted to percentage scores (e.g., 50 points = 78.13% or a 2-year approval)
  - 85% + → 3-year approval
  - 75-84% → 2-year approval
  - 70-74% → 1-year approval
- Includes element minimum benchmark threshold per BBA 2018 provisions.

  - ! Plans must obtain a score of 50% on each element to obtain approval, regardless of final overall score.
  - ! Plans that do not meet the threshold for each element must undergo the Cure.
- Plans with an overall score <70% during initial review have one opportunity for the Cure process.
  - ! Plans that undergo the Cure will only receive a 1-year approval, regardless of final score.

Reminders for this Review Period

Important Information You Need to Know

- MOC must address the regulatory language within specific elements.
- NCQA is looking for **process details** and **descriptions**.
- Must address *(when applicable)*: Who? What? Where? When? How?
- Describe oversight *(when applicable)*.
- Reviewers score MOC narrative based on CY 2025 MOC Scoring Guidelines.

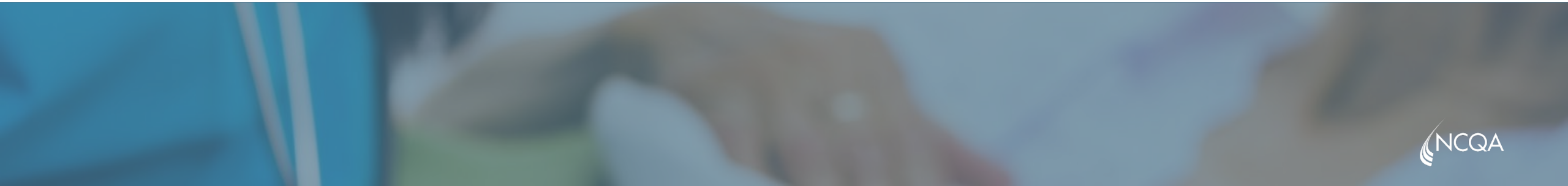
! General process statements are not acceptable and will be scored down.

! Must address the minimum requirements as noted in the explanations and the Matrix.

Note: *Specific regulations are highlighted within the elements. We will emphasize these regulations, as applicable, as we review specific elements and related factors.*

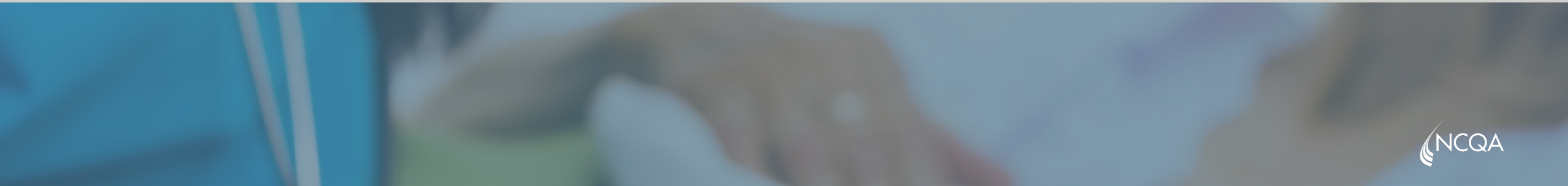
MOC 1

Description of SNP Population



MOC 1, Element A

Overall SNP Population



MOC 1, Element A

Overall SNP Population

Intent: Identify and describe the target population, including health and social factors, and unique characteristics of each SNP type.

Focus: Description that provides a foundation upon which the remaining measures build a complete continuum of care (e.g., end-of-life, special considerations, etc.) for current and potential enrollees the plan intends to serve.

MOC 1, Element A

Overall SNP Population (Cont'd.)

Factor-Level Details:

1. Describe how the health plan staff will determine, verify, and track eligibility of SNP enrollees.
   - *How do you continue to verify eligibility beyond the initial application period?*
   - *NCQA recognizes that there may be circumstances when the annual verification for some C-SNP chronic conditions could be considered unnecessary.*
2. Describe the health status and health disparities of the target population.
   - *Information must be specific to the target population.*
   - *Detail health status of the target population (medical, social, cognitive, environments, living conditions, comorbidities).*
   - *Detail potential health disparities (language barriers, health literacy, socioeconomic status, cultural beliefs/barriers, caregiver considerations).*
     Note: Previously included under Factor 3.
   - ! *Do not use national, regional, or SNP-specific data prior to 2020.*

MOC 1, Element A

Overall SNP Population (Cont'd.)

Factor-Level Details (Cont'd.):

3. Identify the demographics of the target population.
   - *Detail population demographics (average age, gender, ethnicity, education, socioeconomic status).*
4. Define the unique characteristics of the SNP population being served.
   - *C-SNP: chronic care needs, limitations/barriers.*
   - *D-SNP: unique health needs, limitations/barriers.*
   - *I-SNP: unique health needs, limitations/barriers, facility/service setting information.*

MOC 1, Element A: Factor 3 (Example)

Include Detailed Demographic Information for Target Population/Service Areas

Service Area	Age (Yrs.)	Gender	Race/Ethnicity	Language Spoken	Education
County/ State A	65-69: 34.7% 70-79: 32.0% 80-89: 24.6% 90-99: 7.8% 100+: 1.7%	Male: 42.9% Female: 57.1%	White: 48.2% Black/African American: 28.3%Asian/ Pacific Islander: 6.9% Hispanic/ Latino: 13.7% American Indian/Alaskan Native: 0.7%Other: 2.2%	English: 82.7% Spanish: 12.9%Other: 4.2%	<High School: 25.6% High School Graduate: 34.3%Some College: 18.7% College Graduate: 21.4%
County/ State B	65-69: 26.1% 70-79: 40.3% 80-89: 24.1% 90-99: 8.7% 100+: 0.8%	Male: 39.7% Female: 60.3%	White: 39.7% Black/African American: 34.8% Asian/Pacific Islander: 2.0% Hispanic/Latino: 22.1% American Indian/Alaskan Native: 0.4% Other: 1.0%	English: 78.4% Spanish: 19.5% Other: 2.1%	<High School: 26.2% High School Graduate: 31.9% Some College: 20.1% College Graduate: 21.8%

MOC 1: Description of SNP Population

A Word About National Statistics

- While national statistics provide some idea of the chronic diseases and comorbidities that certain populations face, the SNP's written description must speak specifically to the target population for the intended service area.

! Do not solely use national data to describe your target population.

! Do not include conflicting information. Please make it clear which statistics are national, state, or population specific.

! Use recent data (preferably within the last three years).

! Do not use data prior to 2020.

MOC 1: Description of SNP Population

Guidance for Corporate Entities

- While procedural parallels may exist across corporate submissions, it is imperative that plans provide information specific to the SNP's target population, service area, vulnerable members and SNP type for each MOC submitted.

! Do not submit the same document by SNP detail either without customizing information or directing the reviewer to the appropriate demographic information for a specific population.

! Do not provide identical enrollee data across different submissions for MOC 1A or MOC 1B. Data must be specific to the population within each submission.

Recap: MOC 1, Element A

Description of SNP Population

DO

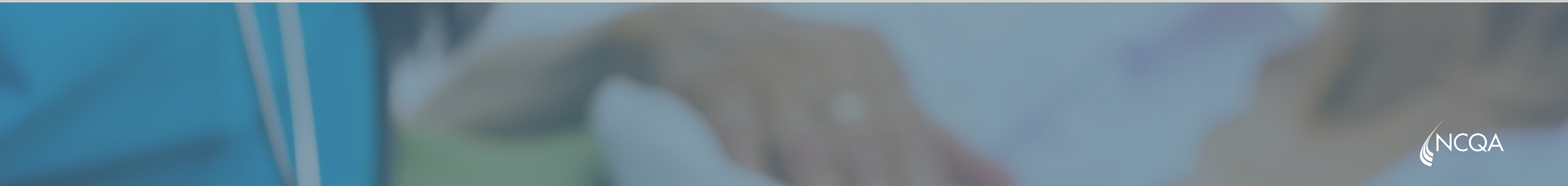
- Refer to the Matrix, regulations, and MOC Scoring Guidelines.
- Review the factor explanations and address each requirement.
- Provide adequate detail.
- Make sure that elements and factors are clearly labeled.
- ! Provide data specific to SNP target population using recent data (Factors 2-4).

DON'T

- Attach extra documents.
- Forget to address all requirements included in each factor description.
- ! Rely only on national statistics to meet requirements.
- ! Use data older than 2020.
- ! Forget to reference a year for the data used.

MOC 1, Element B

Most Vulnerable Enrollees



MOC 1, Element B

Most Vulnerable Enrollees

Intent: Identify and describe the most vulnerable population. Provide a complete description of the specially tailored services provided to the most vulnerable enrollees.

Focus:

- Don’t think general population.
- What methodology is used to identify your most vulnerable enrollees?
- Who are your sickest and most vulnerable enrollees? In other words, what sets them apart from the general SNP population?
- Provide a description of the specially tailored services available to the most vulnerable enrollees.

MOC 1, Element B

Most Vulnerable Enrollees (Cont'd.)

Factor-Level Details:

1. Define and identify the most vulnerable enrollees within the SNP population and provide a complete description of specially tailored services for these enrollees.
2. Explain in detail how the average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status, as well as other factors, affect the health outcomes of the most vulnerable enrollees.
3. Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements, to include a description of special services and resources the organization anticipates using to provide care to this vulnerable population beyond that of the general population.
   Note: The inclusion of specialized services and resources under Factor 3 is new this year. Previously, this description was part of the response for Factor 4.
4. Describe the process used to establish relationships with partners in the community and the process used to facilitate access and deliver these specially tailored community services to the most vulnerable enrollees and/or their caregiver(s).

MOC 1, Element B: General Points of Emphasis

Most Vulnerable Enrollees (Cont'd.)

- Last year, scores for this element were the lowest across all 16 elements.
- Performance declined across all SNP types.
- Plans often failed to specify the special characteristics and needs of the most vulnerable portion of the target SNP population.

MOC 1, Element B: Factor 2 (Example)

Most Vulnerable Enrollees (Cont'd.)

Sample Narrative:

SmartHealth's most vulnerable enrollees **have 4 or more chronic medical and behavioral conditions** which can lead to hospital re-admissions, **frequent trips to the ER (more than 3x a year)**, and **complex medication regimens (more than 5 RXs)**. The most vulnerable enrollees tend to be **65 and older** and have **limitations in at least 3 activities of daily living and social capacity**, as well as **physical/environmental issues** that limit their access to medical services and care.

Issues among this vulnerable population include **hearing or cognitive difficulties**, **disabilities** that impact access to health care services or create specific health challenges (such as minimal physical activity, lack of appropriate transportation, or impaired mobility) that lead to an **increased risk of falls.** These enrollees also experience **caregiver issues**, including loss of a caregiver, vulnerability to abuse or neglect, an unstable home environment, and **low literacy levels (less than a high school education)** resulting in difficulty understanding health issues or how to access care.

MOC 1, Element B: Factor 2 (Points of Emphasis)

Most Vulnerable Enrollees (Cont'd.)

- Expect the same level of demographic detail for the most vulnerable population as we do for the general population.
- Reference recent data (2020 or more recent).
- Do not provide demographic information for the most vulnerable population that is identical to the demographic information provided for the general population.
- Some plans provide a demographic comparison between the general and most vulnerable populations in the form of a table to meet the factor.

MOC 1, Element B: Factor 3 (Example)

Identify and Describe Established Relationships with Partners in the Community to Provide Needed Resources

SmartHealth has the following resources available to support and assist SNP enrollees with clinical, behavioral/mental health, social, environmental/ housing, financial, and other personal health and supportive needs.

DO	DON'T
Mobile Crisis Service Center: Services for people experiencing risks or a psychological crisis who requires mental health intervention, information and referrals, linkage to appropriate treatment.	**State Department for the Aging**
Cell Phone Programs: Free or discounted cellular service for income eligible consumers.	**State Department of Health and Human Services**

Recap: MOC 1, Element B

Description of Most Vulnerable of the SNP Population

DO

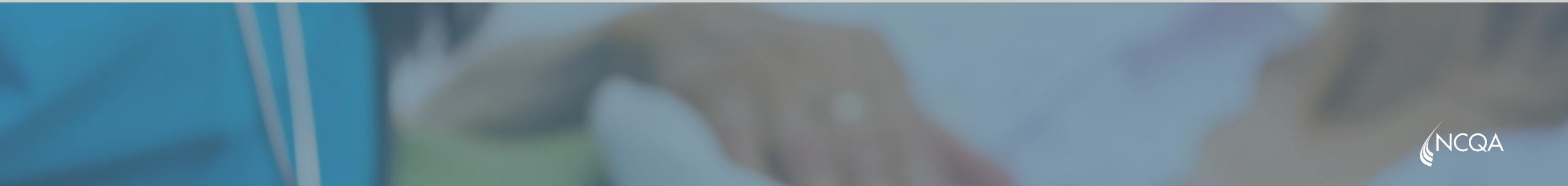
- Describe how you stratify your general SNP population to identify the most vulnerable enrollees (Factor 1).
- Provide data specific to the most vulnerable enrollees of the SNP population in the covered service area(s) using recent data (Factors 2-3).
- Include how the plan works with its partners to facilitate enrollee or caregiver access and maintain continuity of services with its community partners (Factor 4).

DON'T

- Rely only on national statistics to meet requirements.
- Use data older than 2020.
- Use the same data in MOC 1, Element B (Factors 1-4) as used in MOC 1, Element A (Factors 2-4).

MOC 1 Elements A & B

Important Reminders



Reminders for this Review Period

MOC Documentation Across H Contract Numbers (H#)

- Emerging trend of large corporate groups submitting similar and/or identical MOC documentation for numerous H contract numbers.

! Demographic information and content provided for MOC 1 for each SNP must be specific to the SNP's target population, service area, vulnerable members, and SNP type.

! Do not submit the same document by SNP detail (e.g., diabetes, CVD, ESRD) without customizing information.

! Provide adequate detail to describe the target population in the service area.

! Do not use national data alone to describe SNP population.

MOC 1: Description of SNP Population (Example)

MOC Documentation Across H Contract Numbers (H#) Cont'd.

Example: SmartHealth submits 10 identical MOC documents for C-SNP End-Stage Renal Disease (ESRD) populations.

- MOC 1A and MOC 1B include demographic data for all 10 target populations across 10 H#.
- Difficult for reviewer to determine which population applies to which H# during the review process; if unclear, plan will not receive credit.
- This approach is **not** recommended [if used, please explicitly note which demographic information applies to which contract (e.g., highlight the relevant target population in MOC 1A and MOC 1B for each submission)].
- Suggest submitting documents customized for the target population to increase likelihood that reviewers can identify the appropriate population.

Note: SNPs must identify all H# with corporate relationships that follow similar processes in their MOC on the Matrix upload document.

Recap: MOC 1, Element A

List of Requirements

- *Factor 1: Describe how the health plan staff will determine, verify, and track eligibility of SNP enrollees.*
  - How do you continue to verify eligibility beyond the initial application period?
- *Factor 2: Describe the medical, social, cognitive, and environmental factors, as well as living conditions and co-morbidities associated with the SNP population.*
  - Information must be specific to the target population.
  - Do not solely use national data.
  - Do not use data prior to 2020.
- *Factor 3: Identify and describe the medical and health conditions impacting SNP enrollees, including specific information about characteristics that affect health.*
  - Provide demographic information for target population.
  - Detail potential health disparities.
  - Must cover each service area.
- *Factor 4: Define the unique characteristics of the SNP population being served.*

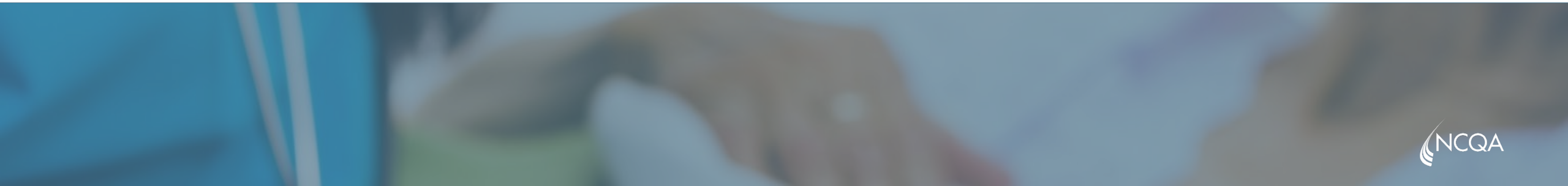
Recap: MOC 1, Element B

List of Requirements

- *Factor 1: Define and identify the most vulnerable enrollees within the SNP population and provide a complete description of specially tailored services for these enrollees.*
  - Information must be specific to most vulnerable population.
- *Factor 2: Explain in detail how the average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status, as well as other factors, affect the health outcomes of the most vulnerable enrollees.*
  - Do not solely use national data.
  - Do not use data prior to 2020.
  - Data must be specific to the most vulnerable population.
- *Factor 3: Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements.*
  - Describe specific community services.
- *Factor 4: Identify and describe established relationships with partners in the community to provide needed resources for the most vulnerable members.*

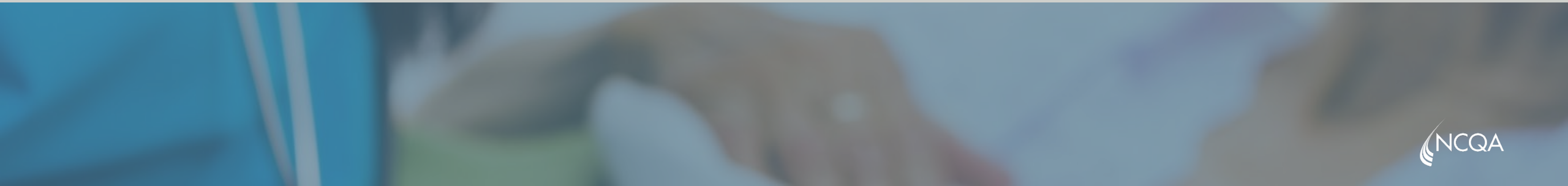
MOC 2

Care Coordination



MOC 2, Element A

SNP Staff Structure



MOC 2, Element A

SNP Staff Structure

Intent: Describe the administrative and clinical staff roles and responsibilities.

Focus: Detailed description of how SNP staff structure facilitates care coordination (e.g., health care needs, enrollee preferences, sharing information across health care staff and facilities) and how staff are trained.

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details:

1. Describe administrative staff roles and responsibilities, including oversight functions.
   - *Identify and describe all employed/contracted staff involved in care coordination.*
   - *Describe oversight functions (enrollment/eligibility verification, claims processing, administrative oversight).*
2. Describe clinical staff roles and responsibilities, including oversight functions.
   - *Identify and describe all employed/contracted staff that perform clinical functions.*
   - *Identify the required licensure and/or credentials necessary for the specified clinical function.*
   - *Must address all the following: direct enrollee care and education on self-management, care coordination, pharmacy consultation, behavioral health counseling, and clinical oversight.*

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details (Cont'd.):

3. Describe how staff responsibilities align with job titles.
   - *Provide copy of organizational chart.*
4. Describe contingency plans used to address ongoing continuity of critical staff functions.
   - *Include plans to ensure ongoing continuity of staff functions.*
   - *Include disaster preparedness and recovery plans in the event of an emergency.*
5. Describe how the organization conducts MOC training for employed and contracted staff.
   - *Address training for both employed and contracted staff.*
   - *Describe training strategy, content and delivery mechanism.*
   - *Who? What? Where? When? How?*
   - *Renewal Submissions: Include sampling of actual slides.*
   - *Initial Submissions: Describe content of training materials and/or provide slide examples.*

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details (Cont'd.):

6. Describe how the organization documents and maintains training records as evidence that employees and contracted staff have completed MOC training.
   - *Detail both the tracking and storage process.*
   - *Describe for both employed and contracted staff.*
7. Describe actions the organization takes if staff do not complete the required MOC training.
   - ! *Must describe challenges related to completion of training.*
   - *Specify actions taken to address noncompliance.*

MOC 2, Element A: Factor 7 (Example)

Actions Taken if Training is Not Completed or Deficient

- Actions taken if/when MOC training is not completed or deficient should be concrete and proactive
- Examples that satisfy the factor:
  - Disciplinary actions.
  - Inclusion of deficiency in employee performance plan with deadline to complete training.
  - Remediation plan.
- Examples that do not satisfy the factor:
  - Email reminders to complete training.
  - Passive circulation of materials to complete training .
  - Other reminders to complete training without concrete actions as to what happens when training is not completed.

Recap: MOC 2, Element A

SNP Staff Structure

DO

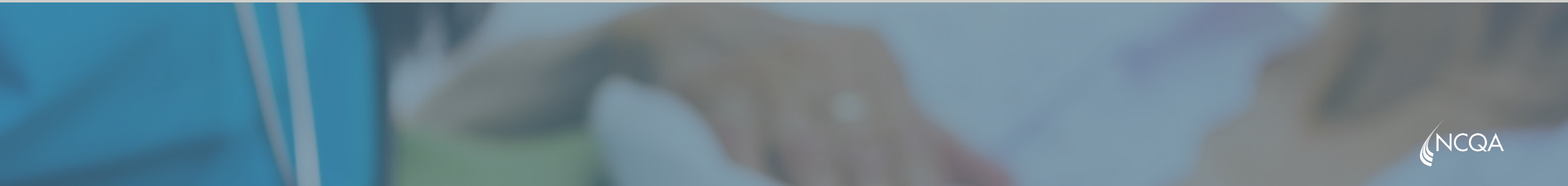
- Review the factor explanations in the MOC Scoring Guidelines and address each piece (Factors 1, 2).
- ! Specify educational degrees of key clinical staff (Factor 2).
- Include plans for backup of key personnel (Factor 4).
- Who? What? Where? When? How? (Factors 4, 5).
- ! Distinguish between employed and contracted staff (Factors 1, 2, 5).

DON'T

- Attach extra documents.
- ! Forget to describe oversight functions (Factors 1, 2).
- ! Provide generic training content (Factor 5).

MOC 2, Element B

Health Risk Assessment Tool (HRAT)



MOC 2, Element B: CMS Regulation

All Enrollees Must Have a Health Risk Assessment (HRA)

- Regulations at 42 CFR § 422.101(f)(1)(i); 42 CFR § 422.152(g)(2)(iv) require that all SNPs conduct an HRA for every SNP enrollee.

! All enrollees must have an HRA.

! Completed HRAs must include direct enrollee and/or caregiver input to be considered valid for purposes of fulfilling Part C reporting requirements.

- The quality and content of the HRA should identify the medical, functional, cognitive, psychosocial, and mental health needs of each SNP enrollee.
- For questions regarding HRA reporting, see Part C Reporting Requirements | CMS.

MOC 2, Element B

Health Risk Assessment Tool (HRAT)

Intent: Describe how the plan conducts HRAT to collect and use data to assess the medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.

Focus: Detailed description of how the HRAT is used in the coordination of care and development of an Individualized Care Plan (ICP), and how results are communicated to the Interdisciplinary Care Team (ICT).

MOC 2, Element B

Health Risk Assessment Tool (Cont'd.)

Factor-Level Details:

1. Describe how the organization conducts the initial HRAT and the annual reassessment for each enrollee.
   - *Detail the HRAT administration process and methodology.*
   - *Address how HRAT assesses medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.*
2. Describe how the organization uses the HRAT to develop and update the ICP for each enrollee.
   - *Address both the development and updating of the ICP in a timely manner.*
   - *Explain process and time frames.*

MOC 2, Element B

Health Risk Assessment Tool (Cont'd.)

Factor-Level Details (Cont'd.):

3. Describe how the organization disseminates HRAT information to the ICT and how the ICT uses the information.
   - *Address initial and annual assessments, in addition to health status change and care transition assessments.*
   - *Detail the process for attempting to contact enrollees to complete the HRAT and the process for documenting refusals.*
   - ! *Completed HRAs must comprise direct enrollee and/or caregiver input.*
4. Provide detailed plan and rationale for reviewing, analyzing and stratifying HRA results, if applicable.
   - *Describe mechanisms and communication used to provide HRAT results to the ICT, provider network, enrollees, and caregivers.*
   - *If results are stratified, detail how they support the improvement of care coordination.*

Recap: MOC 2, Element B

HRAT Use & Care Coordination

DO

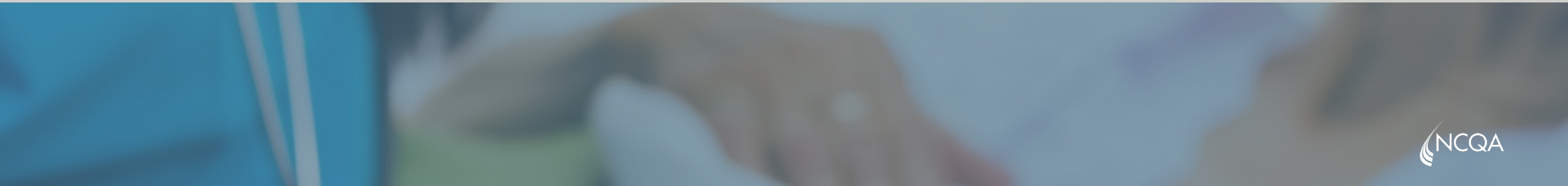
- Review factor explanations in the MOC Scoring Guidelines and address each piece (All Factors).
- Who? What? Where? When? How? (All Factors).
- ! Detail how the HRAT assesses medical, functional, cognitive, psychosocial, and mental health needs (Factor 1).
- Detail how HRAT results are incorporated into the ICP (Factor 2).

DON'T

- ! Forget to describe communication of HRAT results to stakeholders (Factor 4).
- Forget to describe how stratified HRAT results improve care coordination (Factor 4).

MOC 2, Element C

Face-to-Face Encounter



MOC 2, Element C: CMS Regulation

Face-to-Face Encounter

- Regulations at 42 CFR § 422.101(f)(1)(iv) require that all SNPs must provide for face-to-face encounters for the delivery of health care, care management, or care coordination services.
  - At least annually.
  - Beginning within the first 12 months of enrollment.
  - As feasible, with the enrollee's consent.

MOC 2, Element C

Face-to-Face Encounter

BBA 2018

Intent & Focus:

- In person or real-time visual/interactive encounter.
- Coordination of services between enrollee and plan staff or contracted plan healthcare providers.
- Who is qualified to conduct the face-to-face encounter?
- Services provided on behalf of the SNP.

MOC 2, Element C

Face-to-Face Encounter (Cont'd.)

BBA 2018

Factor-Level Details:

1. Describe in detail the process, including policies, procedures, purpose, and intended outcomes of the face-to-face encounter.
   - ! *Describe how enrollee consent is obtained.*
   - ! *Address how the plan ensures that encounters occur within the first 12 months of enrollment and at least annually thereafter.*
2. For instances in which the SNP is providing the encounter, identify the staff (employed and/or contracted) qualified to conduct the face-to-face encounter.
   - • *Be sure to identify qualified staff.*
   - ! *Specify how the face-to-face encounter will be conducted (e.g., mode).*

MOC 2, Element C

Face-to-Face Encounter (Cont'd.)

BBA 2018

Factor-Level Details (Cont'd.):

3. Describe how the SNP will verify through data collection that the enrollee has participated in a qualifying face-to-face encounter.
   - *Detail the who, what, where, when, and how of the process.*
4. Explain the types of clinical functions, assessments and/or services that may be conducted during the face-to-face encounter.
   - *Annual wellness visits/physicals.*
   - *HRA completion.*
   - *Care plan review.*
   - *Health education.*

MOC 2, Element C

Face-to-Face Encounter (Cont'd.)

BBA 2018

Factor-Level Details (Cont'd):

5. Provide a detailed description of how health concerns and/or active or potential health issues will be addressed during the face-to-face encounter.
   - *Specify how active health issues are addressed.*
   - ! *Describe enrollee/caregiver education about potential health issues.*
6. Describe how the SNP will conduct care coordination activities through appropriate follow-up, referrals and scheduling, as necessary.
   - *Detail the who, what, where, when, and how of the process.*
   - ! *Describe how the SNP determines and conducts care coordination activities when the plan reviews data associated with a face-to-face encounter between an enrollee and a provider.*

Recap: MOC 2, Element C

Face-to-Face Encounters

BBA 2018

DO

! Provide a detailed description of your policies and procedures, as well as desired outcomes (Factor 1).

! Describe how enrollee consent is obtained (Factor 1).

- Identify staff conducting face-to-face encounters (Factor 2).
- Identify types of assessments conducted during the encounters (Factor 4).

DON'T

! Forget to specify that the first face-to-face encounter occurs within 12 months of enrollment and then annually (Factor 1).

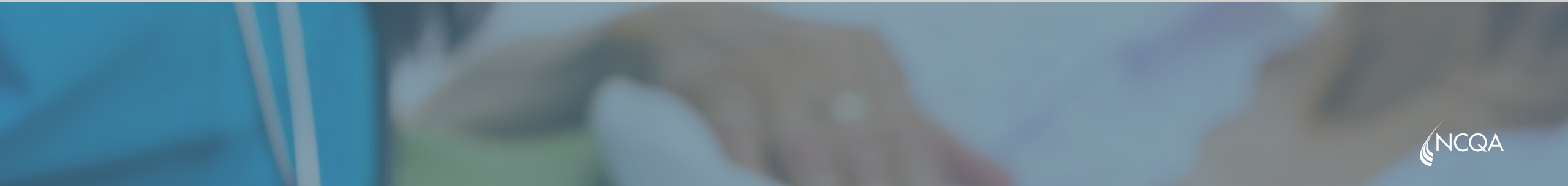
! Forget to provide a description for how the plan verifies face-to-face encounters occur (Factor 3).

! Forget to provide a description for how staff handle identified health concerns (Factor 5).

! Forget to describe how care coordination occurs (e.g., follow ups, referrals, scheduling) (Factor 6).

MOC 2, Element D

Individualized Care Plan (ICP)



MOC 2, Element D: CMS Regulation

All Enrollees Must Have an ICP

- Regulations at 42 CFR § 422.101(f)(1)(ii); 42 CFR § 422.152(g)(2)(v) stipulate that all SNPs must develop and implement an ICP for each individual enrolled in the SNP.
- Data sources include:
  - HRA
  - Face-to-face encounter
  - Medical records
  - Claims data
  - Health Information Exchanges
  - Other

! All enrollees must have an ICP. There are no exceptions for enrollees stratified in low-risk categories.

MOC 2, Element D

Individualized Care Plan (ICP)

Intent: Describe how the ICP is developed and communicated.

Focus: Describe the essential elements of the ICP.

- What is the plan's process for developing and modifying the ICP?
- How does the plan identify the staff responsible for developing the ICP?
- How can a plan initiate/develop an ICP for enrollees who do not participate in the HRA process?
  - Information gathered from other assessments, medical records or other available data
  - HIE, PCP, claims or pharmacy data
- How are updates to the ICP:
  - Documented?
  - Maintained?
  - Communicated?

MOC 2, Element D

Individualized Care Plan (Cont'd.)

Factor-Level Details:

1. Detail the essential components of the ICP.
2. Describe the process to develop the ICP, including how often the ICP is modified as enrollee health care needs change.
   - ! *Ensure you address any changes, reassessments, or care transition assessments in the HRA and ICP.*
3. Identify the personnel responsible for development of the ICP, including how enrollees and/or caregivers are involved.
4. Detail how the ICP is documented and updated, and where it is maintained.
5. Describe how updates and modifications to the ICP are communicated to the enrollee and other stakeholders.
   - ! *It is important to address the role of "caregivers" as it relates to Factors 4 and 5.*

Recap: MOC 2, Element D

Individualized Care Plan

DO

! Describe the process for reassessing the current ICP and determining the appropriate alternative actions, if enrollee's goals are not met (Factor 1).

- Describe how the plan determines the frequency for ICP review/modification as health care needs change (Factor 2).
- Detail roles/functions, professional requirements and credentials required for the personnel responsible for developing the ICP (Factor 3).

! Discuss involvement of enrollee/caregiver in the ICP development (Factor 3).

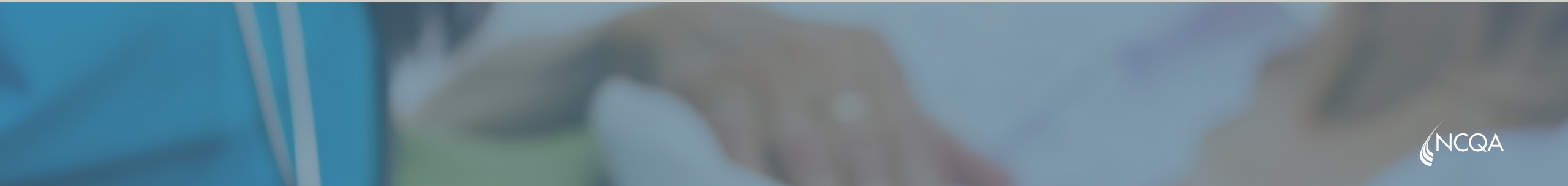
- Describe how the ICP is documented and updated and where the documentation is maintained so it is readily accessible by all involved parties (Factor 4).
- Explain how ICP updates/modifications are communicated to all involved parties (Factor 5).

DON'T

! Forget to tell us how you make sure that all enrollees have an ICP.

MOC 2, Element E

Interdisciplinary Care Team (ICT)



MOC 2, Element E: CMS Regulation

All Enrollees Must Have an ICT

- Regulations 42 CFR § 422.101(f)(1)(iii); 42 CFR § 422.152(g)(2)(iv) require all SNPs to use an ICT in the management of care for each individual enrolled in the SNP.

! All enrollees must have an ICT.

! The ICT must be comprised of providers whose training and credentials address the health needs of the enrollee.

! The ICT is a multidisciplinary approach to care coordination that involves more than the PCP and the enrollee.

  – PCP, enrollee, caregiver, specialists, social worker, pharmacist, community resources, others as needed

MOC 2, Element E

Interdisciplinary Care Team (ICT)

Intent: Describe the critical components of the ICT.

Focus:

- Who are the key members of the ICT?
- What roles/responsibilities do these ICT members hold?
- How does the ICT contribute to improving the enrollee's health status?
- What communication modes are utilized within the ICT, and what evidence demonstrates its regular occurrence?

MOC 2, Element E

Interdisciplinary Care Team (Cont'd.)

Factor-Level Details:

1. Detail how the organization determines the composition of ICT membership, including the addition of team enrollees to address the unique needs of enrollees.
2. Describe how the roles and responsibilities of the ICT members (including enrollees and/or caregivers) contribute to the development and implementation of an effective interdisciplinary care process.
3. Detail how ICT members use outcomes to evaluate, contribute and continually manage, as well as improve the health status of SNP enrollees.
4. Describe how the SNP's communication plan to exchange enrollee information occurs regularly within the ICT, including evidence of ongoing information exchange.

Recap: MOC 2, Element E

Interdisciplinary Care Team

DO

! Specify how the expertise and training of ICT members aligns with the identified clinical and social needs of SNP enrollees (Factor 1).

! Explain how the enrollee/caregiver(s) are involved in the ICT (Factors 1-3).

- Highlight critical players in the ICT process (e.g., clinical managers, case managers) (Factor 2).

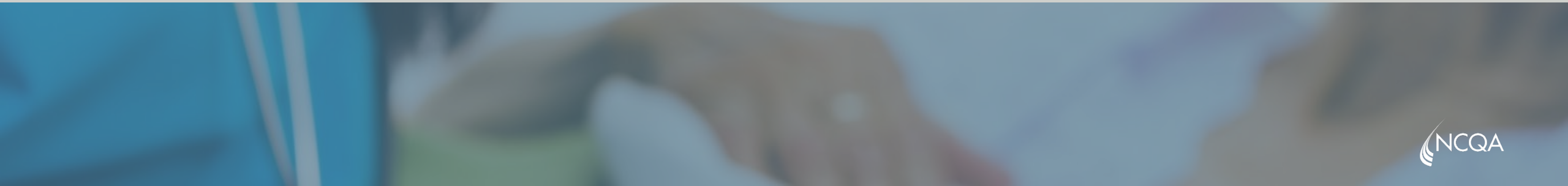
! Describe how the SNP maintains and documents ongoing communication (e.g., written ICT meeting minutes, documentation in ICP) across entire ICT, community organizations, and other stakeholders (Factor 4).

DON'T

! Forget to explain how the ICT communicates with enrollees who have hearing impairments, language barriers and/or cognitive deficiencies (Factor 4).

MOC 2, Element F

Care Transition Protocols (CTP)



MOC 2, Element F: CMS Regulation

All SNPs Must Coordinate Care Delivery

- Regulations at 42 CFR § 422.101(f)(2)(iii)-(v); 42 CFR § 422.152(g)(2)(vii)-(x) require that all SNPs coordinate the delivery of care.

! SNPs must coordinate care for all enrollees.

! Transfer of care plan elements must occur for all care transitions, for both in-network and out-of-network providers.

MOC 2, Element F

Care Transition Protocols (CTP)

Intent: Describe the SNP's processes to coordinate care transitions and facilitate timely communications across settings and providers.

Focus:

- Detail type of healthcare settings and personnel responsible for care transitions.
- Describe how elements of the enrollee's ICP are shared between settings and who has access.
- Describe how enrollees and/or caregivers are educated on self-management activities.
- Identify the point of contact throughout the transition process.

MOC 2, Element F

Care Transition Protocols (Cont'd.)

Factor-Level Details:

1. Describe the process for coordinating transitions.
2. Describe the personnel responsible for coordination efforts.
3. Explain coordination between settings during a care transition.
4. Describe how enrollees have access to personal health information to facilitate communication with providers.
5. Explain education provided to enrollees/caregivers to manage conditions and avoid transitions.
6. Detail process used to notify enrollees/caregivers of staff assigned to support enrollee through transitions.

MOC 2, Element F: Points of Emphasis

Care Transition Protocols (Cont'd.)

- **Question:** If transitions of care are provided only to those enrollees determined to be high-risk enrollees, does this meet the requirements included in MOC 2F?

  Answer: No, there are no exceptions when it comes to transitions of care. Regulations at 42 CFR § 422.101(f)(2)(iii)-(v) and 42 CFR § 422.152(g)(2)(vii)-(x) require all SNPs to coordinate the delivery of care. It is the SNP's responsibility to ensure that treatment protocols and needed resources related to transitions of care across healthcare setting and providers are delivered to all enrollees.

MOC 2, Element F: Points of Emphasis

Care Transition Protocols (Cont'd.)

- While some plans may hand off transitions of care to the Utilization Management (UM) unit, there must be continuity of care before, during, and after transitions.
- For enrollees considered low risk (e.g., not in care management), plans need to identify who is responsible for follow-up during the actual transition and once the enrollee arrives at the destination.
- Out-of-network transitions are not an exclusion to care coordination.

Recap: MOC 2, Element F

Care Transition Protocols

DO

- Describe processes and provide rationale for connecting enrollees to specific providers (Factor 1).
- Identify which personnel are responsible for coordinating transitions (Factor 2).

! Explain how SNP ensures significant elements of the ICP are transferred between settings (Factor 3).

! Detail the process for ensuring enrollee/caregiver access to needed health information (Factor 4).

DON'T

! Forget to note how enrollee/caregiver are educated about health condition changes, how they demonstrate understanding of the treatment plan, and actions to be taken if warranted (Factor 5).

Reminders for this Review Period

Important Information You Need to Know

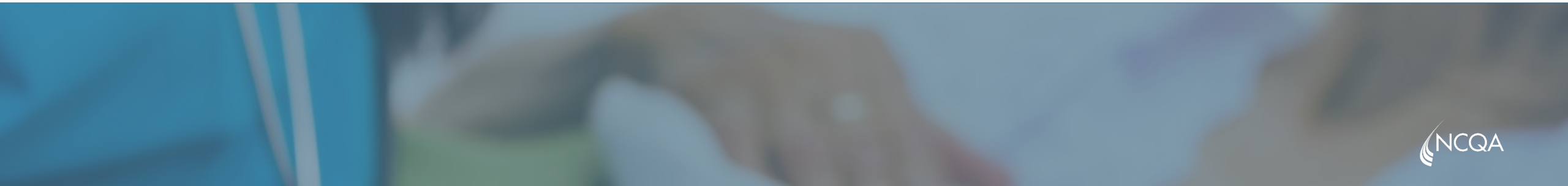
Conflicting Language:

- Providing language in one section that meets the requirements but using conflicting language in another section.

Limiting Language:

- Limiting language removes the responsibility of the plan to carry out requirements related to all members and/or care transitions specified in the regulations. These qualifiers run counter to the intent of the MOC requirements that apply to all members.
- Examples of **Inclusive Language**:
  - Transitions of care are provided to all.
  - Services and resources are coordinated for all members.
- Examples of **Limiting Language**:
  - Transitions of care limited to in-network providers.
  - Services limited to high-risk members.
  - Utilization of opt-in program for care coordination.

Training & Education



Training & Education

Sessions Focus on MOC Requirements & Technical Assistance

- **MOC Elements 1 & 2 Training**
  - *Training recording currently available.*
- **MOC Elements 3 & 4 Training**
  - *Training recording currently available.*
- **Pre-Submission Technical Assistance (TA) Calls**
  - *Call 1: November 28, 2023 (2-4:00pm ET)*
  - *Call 2: January 11, 2024 (2-4:00pm ET)*
- **Cure TA Call**
  - *April 18, 2024 (2-4:00pm ET)*
  - *SNPs Scoring <70% Overall (or Scoring <50% on Any Element)*

***Note:** Training slides are available on the NCQA SNP Approval website (snpmoc.ncqa.org).*

Post-Training Survey

We Want Your Feedback!

- The post-training survey is available at the link below: https://www.surveymonkey.com/r/CHDSZG6
- We will use survey results to continue to improve future training sessions.
- Thank you! We value your feedback!

Thank you